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DIDENT	o respond to a collection of information unless it displays a valid OMB control number Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Application Number 10/560,046-0				4	
				7.45.000.000.000		December 8, 2005			
						Yoshihiro Sekiya			
				Examiner Name J		J. K. Ford			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3744			
TOTAL AMOUNT OF PAYMENT (\$) 1,822.00				Attorney Docket	No.	OHK-0012			
METHOD OF PAYM	ENT (check all th	nat apply)	-			· · · · · · · · · · · · · · · · · · ·			
Check Cred	it Card M	loney Order	Non	e Other (please identi	fy):	-		
X Deposit Account	Deposit Account Numb	er: 18-0	0013	Deposit /	Account Name	e: Rader, Fishm	nan & Gr	auer PLLC	
For the above-id	lentified deposit a	ccount, the Di	rector is	hereby authorize	d to: (che	ck all that apply)			
	e(s) indicated belo					dicated below, ex	cept for	the filing fee	
X Charge an	y additional fee(s er 37 CFR 1.16 a) or underpayr	nents of	x Credit	any overp	ayments			
FEE CALCULATION		18G 1.17							
1. BASIC FILING, SEAF		INATION FEE	s						
	•	FEES		ARCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110	, 000	1 414/	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEE			·	·	-	-		Small Entity	
Fee Description	_						Fee (\$)	Fee (\$)	
Each claim over 20 (inc							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims - 45 or HP	Extra Claims	Fee (\$)	Fe	ee Paid (\$)	_	fultiple Dependent Claims		₹.	
HP = highest number of total	×			 	<u>Fe</u>	e (\$) <u>F</u>	ee Paid (<u>21</u>	
Indep. Claims	Extra Claims	Fee (\$)	Fe	ee Paid (\$)					
1 -7 or HP =		1.66 (4)		3C 1 ala (4)					
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3. APPLICATION SIZE	FEE								
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listings under 37 CI sheets or fraction th					or small e	ntity) for each ac	lditional 5	50	
				dditional 50 or frac		of Fee (\$)	Foo	Paid (\$)	
Total Sheets	Extra Sheets			(round up to a who			<u> </u>	7 0.0 (4)	
4. OTHER FEE(S)				(locald up to a mile	ic mumber,	^	Fees	Paid (\$)	
Non-English Specific	cation, \$130 fee	(no small ent	ity disco	ount)					
Other (e.g. late filing surcharge). 1501 Utility issue fee								1,510.00	
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SUBMITTED BY	1 10			Registration No.	20 211	Tolonhoro	(202) 0	55_3750	
Signature (U				(Attorney/Agent)	29,211	Telephone	(202) 95		
Name (Print/Type) Carl S	cháukowitch					Date	Audust	4. 2010	

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Effect Fees pursuant to the Consoli	Application N			560,046-Conf. #8184								
FEE TR	Filing Date			December 8, 2005								
			Yoshihiro Sekiya									
Fo	Examiner Name J. K. Ford											
Applicant claims sm	Art Unit	Art Unit		3744								
TOTAL AMOUNT OF PAYM	Attorney Docket No. OHK-0012											
METHOD OF PAYMENT (check all that apply)												
Check Credit	Card	Money Order N	one Othe	ne Other (please identify):								
X Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee	cept for the filing	fee										
Charge any additional fee(s) or underpayments of ge(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION				· · · · · · · · · · · · · · · · · · ·								
1. BASIC FILING, SEAR	CH, AND EXA	MINATION FEES		•								
	FILIN		EARCH FEES		IATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entit \$) Fee (\$)	Y Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)						
Utility	330	165 540		220	110							
Design	220	110 100		140	70		_					
Plant	220	110 330		170	85							
Reissue	330	165 540		650	325		-					
Provisional	220	110 (0	0		-					
2. EXCESS CLAIM FEES		110	, 0	U	v	Small Er						
Fee Description	•					Fee (\$) Fee (\$						
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Each independent claim						220 110	0					
Multiple dependent clain						390 193	5					
Total Claims	Fee Paid (\$)	<u>M</u>	ultiple Depende	dent Claims								
3 - 45 or HP	,	- =		Fe	<u>e (\$)</u> <u>F</u>	ee Paid (\$)						
HP = highest number of total												
Indep. Claims			Fee Paid (\$)									
17 or HP =_		· =		_								
HP = highest number of indep	endent claims pai	d for, if greater than 3.										
3. APPLICATION SIZE F		. 4 100 -16	- (l., din a. ala.	::	ad sassyanaa as a							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets	Extra Sheets		additional 50 or fi		f Fee (\$)	Fee Paid (\$)						
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4. OTHER FEE(S)		Fees Paid (\$)	_									
Non-English Specification, \$130 fee (no small entity discount)												
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SUBMITTED BY	2 1		Registration No.	00.044	T	(000) 055 0750	\dashv					
Signature (III)	<u></u>		(Attorney/Agent)	29,211	Telephone	(202) 955-3750						
Name (Print/Type) Carl Sc	háukowitch				Date	August 4 2010						